

10/579643

~~Application, Page Sheet~~ **PTO** 18 MAY 2006

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: SAFETY DEVICE FOR WEAPONS AND
METHOD FOR SECURING WEAPONS
PROVIDED WITH A SAFETY DEVICE
Attorney Docket Number:: S118.12-0007
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 2
Small Entity?:: No
Petition included?::
Petition Type::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Given Name:: Stefan
Family Name:: Parhofer
Name Suffix::
City of Residence:: Munchen
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing address:: Tegernseer Landstrasse 97
City of Mailing address:: Munchen
State of Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code:: 81539

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Given Name:: Bernd
Family Name:: Dietel
Name Suffix::
City of Residence:: Wiessenstadt
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing address:: Wiessenhaid 6
City of Mailing address:: Weissenstadt
State of Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code:: 95163

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Given Name:: Herbert
Family Name:: Meyerle
Name Suffix::
City of Residence:: Maisach
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing address:: Gottlerstrasse 10
City of Mailing address:: Maisach
State of Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code:: 82216

Correspondence Information

Correspondence Customer Number:: 27367

Representative Information

Representative Customer Number::	27367	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/013100	11/21/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No